

00862.021883



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

TATSURO YAMAZAKI, ET AL.

Application No.: 09/542,460

Filed: April 4, 2000

For: IMAGE FORMING APPARATUS

)

Examiner: L. Lao

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Group Art Unit: 2673

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November 12, 2004

RECEIVED

NOV 18 2004

Technology Center 2600

Mail Stop Amendment

Commissioner for Patents

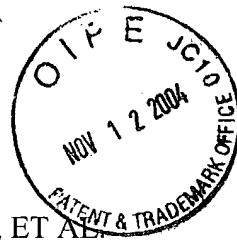
P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT AND FIRST SUPPLEMENTAL
INFORMATION DISCLOSURE STATEMENT

Sir:

In response to the Office Action dated August 11, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:



In re Application of:

TATSURO YAMAZAKI, ET AL.

Docket No.: 00862.021883
2673
41

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Application No.: 09/542,460

NOV 18 2004

Examiner: L. Lao

Filed: April 4, 2000

Technology Center 2600 Group Art Unit: 2673

For: IMAGE FORMING APPARATUS

Date: November 12, 2004

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17	MINUS	20	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	2	MINUS	4	= 0	x \$44 \$88	\$ -0-
Fee for Multiple Dependent claims \$150°/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$____ is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

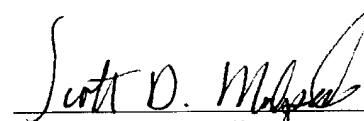
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Scott D. Malpede
Registration No. 32,533

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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